Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN		
				olumn 1)	_	(Column 2) NUMBER EXTRA			TYPE		OR	SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			5	57 minus 20:		* 37		1 L	X\$ 9=		OR	X\$18=	666	
	EPENDENT CL			5 minus 3 =		* 7		11	X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								J	+130=		OR	+260=	i	
* If the difference in column 1 is less than zero, enter "0" in column 2								_	TOTAL		OR	TOTAL	1582	
CLAIMS AS AMENDED - PART II												OTHER THAN SMALL ENTITY		
	(Column 1) (Column 2) (Column 3							<u> </u>	SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		10	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	l L	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	LOEM	Minus	***		=	$\mid \mid$	X39=		OR	X78=		
	FIRST PRESE	MIAHON	OF MC	JUIPLE DEF	CINL	ENT CLAIM		, [+130=		OR	+260=		
									TOTAL		OR	TOTAL ADDIT. FEE	-	
		(Colur	mn 1)		(C	Column 2)	(Column 3)		ODIT. FEE		· '	ADDII. FEE		
	to the same is necessarian shown in the constraint	CLA	MS	7 70 7 7 7		HIGHEST		ı		ADDI-			ADDI-	
AMENDMENT B		REMAI AFT AMEND	ER	7 44 4 4	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=		X39=		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+130=		0.0	+260=		
								L	TOTAL		OR	TOTAL		
								ΑC	DIT. FEE		OR	ADDIT. FEE		
		(Colur				olumn 2)	(Column 3)					-		
AMENDMENT C		CLAI REMAI AFT AMEND	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=		X39=		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=		
**	If the "Highest Nu	mber Prev	iously Pa	id For" IN THE	S SPA	ACE is less tha	n 20, enter "20.	." AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Fo is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: ____

Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fee	Fee	==	Total				
	Sm./Lg.				Sm. Entity	Lg. Entity						
Basic Filing Fee	201/101					260	=	760				
Total Claims >20	203/103	<u>57</u> -20 =	37	X		666	=	666				
Independent Claims >3	202/102	53 =	2	X		156	=	156				
Mult. Dep Claim Present	204/104		•				=					
Surcharge	205/105				·	130	=	130				
English Translation	139											
TOTAL FEE CALCUL	ATION							1712				
Fees due upon filing t	the application:											
Total Filing Fees Due	: = \$	1712	, 00									
Less Filing Fees Subr	nitted - \$	<u> </u>										
BALANCE DUE	= \$	17/2	. <i>(d</i>)									
Office of Initial Paten	t Examination					·						